



Your business  
is our business.

REDACTED – FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200  
Greenbelt, Maryland 20770  
phone: 301-459-7590, fax: 301-577-5575  
internet: [www.jsitel.com](http://www.jsitel.com), e-mail: [jsi@jsitel.com](mailto:jsi@jsitel.com)

October 2, 2013

**By Hand Delivery**

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Colorado Valley Telephone Cooperative  
Study Area Code 442059**

Dear Ms. Dortch:

On behalf of Colorado Valley Telephone Cooperative “Colorado Valley”, JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.<sup>1</sup> Colorado Valley seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.<sup>2</sup> The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall  
JSI Vice President  
301-459-7590  
[jkuykendall@jsitel.com](mailto:jkuykendall@jsitel.com)

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

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<sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code	442059
<015> Study Area Name	COLORADO VALLEY TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Pam Anderson
<035> Contact Telephone Number: Number of the person identified in data line <030>	979-247-8141
<039> Contact Email Address: Email of the person identified in data line <030>	pama@coloradovalley.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	
<440> Fixed	<input type="text"/>			
<450> Mobile	<input type="text"/>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> <input type="text" value="442059TX510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> <input type="text" value="442059TX610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442059
<015>	Study Area Name	COLORADO VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Pam Anderson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no ) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no ) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

\_\_\_\_\_  
Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	442059
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

-- See attached worksheet --

<010>	Study Area Code	442059
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1/1/2013	
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-- See attached worksheet	
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<010>	Study Area Code	442059
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Pam Anderson
<035>	Contact Telephone Number - Number of person identified in data line <030>	979-247-8141
<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com
<810>	Reporting Carrier	Colorado Valley Telephone Cooperative, Inc.
<811>	Holding Company	Colorado Valley Telephone Cooperative, Inc.
<812>	Operating Company	Colorado Valley Telephone Cooperative, Inc.

[illegible]

<b>(900) Tribal Lands Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	442059
<015>	Study Area Name	COLORADO VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Pam Anderson
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

<1120> Please check this box to confirm no terrestrial backhaul  
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers  
broadband service of at least 1 Mbps downstream and 256 kbps  
upstream within the supported area pursuant to § 54.313(G) ☐

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovallley.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans 442059TX1210

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Name of attached document (.pdf)

<1220> Link to Public Website HTTP \_\_\_\_\_

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	442059
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<b>&lt;020&gt;</b>	Program Year	2014
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<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

<b>Incremental Connect America Phase I reporting</b>		
<b>&lt;2010&gt;</b>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<b>&lt;2011&gt;</b>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>
<b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>		
<b>&lt;2012&gt;</b>	2013 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2013&gt;</b>	2014 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2014&gt;</b>	2015 Frozen Support Certification	<input type="checkbox"/>
<b>&lt;2015&gt;</b>	2016 and future Frozen Support Certification	<input type="checkbox"/>
<b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>		
<b>&lt;2016&gt;</b>	Certification Support Used to Build Broadband	<input type="checkbox"/>
<b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>		
<b>&lt;2017&gt;</b>	3rd year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2018&gt;</b>	5th year Broadband Service Certification	<input type="checkbox"/>
<b>&lt;2019&gt;</b>	Interim Progress Certification	<input type="checkbox"/>
<b>&lt;2020&gt;</b>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<b>&lt;2021&gt;</b>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information _____

**(3000) Rate Of Return Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	442059
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<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.**

**Progress Report on 5 Year Plan**

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	442059TX3017
(3018)	If the response is no on line 3014, Is your company audited?  If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.  If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	442059
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<035> Contact Telephone Number - Number of person identified in data line <030>	979-247-8141
<039> Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	442059
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<035> Contact Telephone Number - Number of person identified in data line <030>	979-247-8141
<039> Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Karen Gunkel</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Karen Gunkel
Name of Reporting Carrier:	COLORADO VALLEY TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 09/30/2013
Printed name of Authorized Officer:	Scott Martin
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	979-242-5911
Study Area Code of Reporting Carrier:	442059 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	COLORADO VALLEY TEL
Name of Authorized Agent or Employee of Agent:	Karen Gunkel
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 09/30/2013
Printed name of Authorized Agent or Employee of Agent:	Karen Gunkel
Title or position of Authorized Agent or Employee of Agent	Consultant- Revenue Requirements
Telephone number of Authorized Agent or Employee of Agent:	512-338-0473
Study Area Code of Reporting Carrier:	442059 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

**Colorado Valley Telephone Cooperative, Inc.**

**Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules**

**Compliance**

In establishing this certification in its *2005 ETC Order*,<sup>1</sup> the FCC found that an ETC must make “a specific commitment to objective measures to protect consumers.”<sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA’s Consumer Code for Wireless Service would satisfy this requirement” and that the sufficiency of other commitments would be considered on a case-by-case basis.<sup>3</sup> In this context, the FCC stated, “to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement.”<sup>4</sup>

**Colorado Valley Telephone Cooperative, Inc.** (“Company”) hereby certifies that it complies with applicable service quality standards and consumer protection rules under the Texas Administrative Code, Title 16, Part II, as established by the Public Utility Commission of Texas. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff which discloses rates, terms and conditions of service to customers pursuant to Subchapter J requirements in Sections 26.201-26.230; (2) adherence to state consumer protection requirements governing telephone providers

<sup>1</sup> *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) (“*2005 ETC Order*”).

<sup>2</sup> *Id.* at para. 28.

<sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: “(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy.” *Id.* at n. 71.

<sup>4</sup> *Id.* at n. 72.



as identified in Subchapter B, in Sections 26.21-26.37; and (3) service quality standards requirements as identified in Subchapter C, Sections 26.51 -26.57.

In addition, the Company complies with numerous federal consumer protection standards including, but not limited to: (1) Truth-in-Billing Rules outlined in 47 CFR § 64.2401; and (2) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

## **Colorado Valley Telephone Cooperative, Inc.**

### **Response to Lines 600-610 - Ability to Function in Emergency Situations**

Colorado Valley Telephone Cooperative, Inc. (“Company”) hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup> and the Texas Administrative Code. The Company’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function under emergency operations in accordance with Public Utility Commission of Texas Substantive Rules §26.51 *Reliability of Operations of Telecommunications Providers* and §26.52 *Emergency Operations* which include obligations for continuity of service and emergency operations planning and service provision capability for dominant carriers. Any central office not equipped with permanently installed standby generators contains as a minimum four hours of battery reserve without voltage falling below the level required for proper operation of all equipment. In addition, all central offices without installed emergency

<sup>1</sup> Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

power facilities have a mobile power unit available which can be delivered and connected on short notice.

<010>	Study Area Code	442059
<015>	Study Area Name	COLORADO VALLEY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Pam Anderson
<035>	Contact Telephone Number - Number of person identified in data line <030>	979-247-8141
<039>	Contact Email Address - Email Address of person identified in data line <030>	pama@coloradovalley.com
<810>	Reporting Carrier	Colorado Valley Telephone Cooperative, Inc.
<811>	Holding Company	Colorado Valley Telephone Cooperative, Inc.
<812>	Operating Company	Colorado Valley Telephone Cooperative, Inc.

09/30/2013

## Colorado Valley Telephone Cooperative, Inc.

### Rates, Terms and Conditions for Lifeline Service

(Response to Form 481, Line 1210)

Local exchange service rates and charges as specified below are for basic local exchange service and facilities only. The rates for other ancillary services not specifically shown below are presented in Colorado Valley Telephone Cooperative's tariff(s) on file with the Public Utility Commission of Texas. Unless otherwise specified, the rates and charges quoted below are for a period of one month, payable in advance and provide unlimited flat rate calling within the local exchange calling scope.

Residential Local Exchange Access Line Rates<sup>(1)(2)</sup>:

<b>Exchange Name</b>	<b>R-1 Rate</b>	<b>Res. EAS Charge</b>
Borden	\$14.15	\$ -
High Hill	\$14.15	\$ -
Hostyn	\$14.15	\$ -
Moravia	\$14.15	\$ -
Plum	\$14.15	\$ -
Warrenton	\$14.15	\$ -

<sup>(1)</sup> Above listed fees do not include mandatory taxes, fees and surcharges, including, but not limited to Texas Universal Service Fund charges, 9-1-1 fees, and municipal franchise fees.

<sup>(2)</sup> Qualified Lifeline customers are eligible for Lifeline credits or discounts as outlined in the attached Lifeline tariff.

## **LOCAL EXCHANGE SERVICE**

### **I. APPLICATION OF RATES (Continued)**

#### **C. (Continued)**

<u><b>EXCHANGE</b></u>	<u><b>EXTENDED AREA SERVICE</b></u>
Moravia (562)	- with Extended Area Service to the Borden, High Hill, Hostyn, Plum and Warrenton Exchanges and the Schulenburg Exchanges of Verizon SW Inc. – Tx. and the Hallettsville Exchange of Southwestern Bell.
Plum (242)	- with Extended Area Service to the Borden, High Hill, Hostyn, Moravia and Warrenton Exchanges and the La Grange Exchanges of Verizon SW Inc. – Tx.
Warrenton (249)	- with Extended Area Service to the Borden, High Hill, Hostyn, Moravia and Plum Exchanges and to the La Grange Exchanges of Verizon SW Inc. – Tx.

### **II. LIFELINE SERVICE**

Lifeline Service is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers.

#### **A. General**

1. A qualifying low-income customer subscribing to Lifeline Service shall receive Federal Lifeline Support in the amount of \$9.25 and a maximum State reduction of \$3.50.
2. Nothing in this Section shall prohibit a customer who is otherwise eligible for Lifeline Service from obtaining and using telecommunications services

**(R)**  
**(T)**

## **LOCAL EXCHANGE SERVICE**

### **II. LIFELINE SERVICE (Continued)**

#### **A. General (Continued)**

2. (continued)  
or equipment designed to aid such customer in utilizing qualifying telecommunications services.
3. Lifeline Service reductions do not apply to surcharges, taxes, long distance service, 976, and other information related telecommunications services, and optional services such as custom calling features. Customers may obtain these services, where available, at their discretion.
4. Lifeline Service rate reductions do not apply to Service Connection Charges.
5. Lifeline Service rate reductions will not be available on a retroactive basis.

#### **B. Designated Lifeline Services**

The Cooperative shall offer services designated for support as specified in the Federal Communications Commission 47 CFR Part §54.101.

(C)

(D)

(D)

## **LOCAL EXCHANGE SERVICE**

### **II. LIFELINE SERVICE (Continued)**

#### **B. Designated Lifeline Services (Continued)**

**(D)**

#### **C. Eligibility Requirements**

1. The discounted service will be provided for one (1) residential telephone line per household, at the subscriber's principal place of residence.
2. The applicant must certify that their annual income is at or below 150% of the current federal poverty guidelines, be an eligible resident of tribal lands or participate in, or have a person or child who resides in the customer's household, who participates in one of the following programs:
  - (a) Medicaid;
  - (b) Supplemental Nutrition Assistance Program (SNAP);
  - (c) Supplemental Security Income (SSI);
  - (d) Federal Public Housing Assistance (FPHA);
  - (e) Low Income Energy Assistance Program (LIHEAP);
  - (f) Health benefits coverage under the state child health plan (CHIP) under Chapter 62, Health and Safety Code.
  - (g) National School Lunch Program - Free lunch program; or
  - (h) Temporary Assistance for Needy Families (TANF).
3. Customers who meet the low-income requirement for qualification but do not receive benefits under the programs listed above may provide the LIDA with self-enrollment for Lifeline Service benefits. LIDA shall provide a self-enrollment form by direct mail at the customer's request.

**(C)**

**(C)**



COLORADO VALLEY  
TELEPHONE COOPERATIVE, INC.

SECTION 2  
FIRST REVISED SHEET NO. 6  
REPLACING ORIGINAL SHEET NO. 6

# GENERAL EXCHANGE TARIFF

## LOCAL EXCHANGE SERVICE

### II. LIFELINE SERVICE (Continued)

#### C. Eligibility Requirements (Continued)

4. Customers receiving benefits under the programs listed in II.C.2 of this Section and who have telephone service will be subject to the Lifeline automatic enrollment procedures as provided by the LIDA unless they provide the LIDA with a request to be excluded from Lifeline Service. (T)  
|  
(T)
5. Customers who are eligible for Lifeline Service but do not have telephone service shall be responsible for initiating a request for Lifeline Service from the Cooperative.

#### D. Obligations of the Cooperative

1. The Cooperative shall provide Lifeline Service to all eligible customers identified by the LIDA within its service area in accordance with P.U.C. SUBST. R. 26. (T)  
|  
(T)
2. The Cooperative shall not charge the eligible Lifeline Service customer for:
  - a. Changes in telephone service arrangements that are made in order to qualify for Lifeline Service; or
  - b. Service Connection Charges associated with transferring the account into Lifeline Service.
3. Service Connection Charges do apply when:
  - a. An existing eligible customer requests additional non-qualifying services at the time Lifeline Service reduced billing is initiated; or
  - b. New customers (those without existing Local Exchange Service) eligible for Lifeline Service establish service; or
  - c. Customers make subsequent moves or changes after initial connection to Lifeline Service.

PUBLIC UTILITY COMMISSION OF TEXAS  
APPROVED

Effective: Upon Approval  
By: Scott Martin  
Title: General Manager

JUL - 6 '07 DOCKET 34239

CONTROL # \_\_\_\_\_

COLORADO VALLEY  
TELEPHONE COOPERATIVE, INC.

SECTION 2  
FIRST REVISED SHEET NO. 7  
REPLACING ORIGINAL SHEET NO. 7

# GENERAL EXCHANGE TARIFF

## LOCAL EXCHANGE SERVICE

### II. LIFELINE SERVICE (Continued)

#### D. Obligations of the Cooperative (Continued)

4. If the eligible customer changes the telephone service or initiates new service, the Cooperative shall begin reduced billing at the time the change of service becomes effective or at the time new service is established.
5. Upon receipt of the monthly update provided by the LIDA the Cooperative shall begin reduced billing for those qualifying low-income customers subscribing to services within 30 days. (T)
6. Upon subscribing to Lifeline Service, a customer will be offered a subscription, at no charge, to toll blocking service which denies the customer access to the long distance telecommunications network; however, the customer is under no obligation to accept the subscription to toll blocking. (T)
7. If a qualifying low-income customer voluntarily elects toll blocking from the Cooperative, the Cooperative may not collect a service deposit in order to initiate Lifeline Service.
8. The Cooperative may not disconnect Lifeline Service for the non-payment of toll charges. However, the Cooperative reserves the right to implement toll blocking, at no charge, for the non-payment of long distance charges. The Cooperative will inform the customer, by direct mail, of this change to their service due to the customer's non-payment of long distance charges. Upon the customer's payment of all outstanding long distance charges, the Cooperative shall remove mandatory toll blocking at the customer's request. (D)
9. The Cooperative may charge a service deposit pursuant to P.U.C. SUBST. R. 26.24 if the eligible customer denies subscription to toll blocking upon subscribing to Lifeline Service. (T)

PUBLIC UTILITY COMMISSION OF TEXAS  
APPROVED

Effective: Upon Approval  
By: Scott Martin  
Title: General Manager

JUN - 6 '07 DOCKET 34239

CONTROL # \_\_\_\_\_

COLORADO VALLEY  
TELEPHONE COOPERATIVE, INC.

SECTION 2  
FIRST REVISED SHEET NO. 8  
REPLACING ORIGINAL SHEET NO. 8

## GENERAL EXCHANGE TARIFF

### LOCAL EXCHANGE SERVICE

#### II. LIFELINE SERVICE (Continued)

##### D. Obligations of the Cooperative (Continued)

10. In instances where the Cooperative may require a service deposit, the same credit verification procedures and deposit regulations used for all applicants who apply for service with the Cooperative are also applicable to eligible customers for Lifeline Service. (T)
11. The Cooperative shall provide customers who apply to receive Lifeline Service access to bundled packages at the same price as other consumers less the Lifeline discount. The Lifeline discount shall only apply to that portion of the bundled package bill that is for basic network service. (N)  
(N)
12. The Cooperative has provided a confidentiality agreement to the LIDA specifying the use of confidential client information is solely for providing Lifeline Service. (N)  
(N)

#### III. PREPAID LOCAL TELEPHONE SERVICE

##### A. General

1. Prepaid Local Telephone Service (PLTS) provides eligible customers a one-time opportunity to maintain their local telephone service with the Cooperative.
2. PLTS is offered by the Cooperative in accordance with the P.U.C.'s Substantive Rules relating to Prepaid Local Telephone Service.

##### B. PLTS Services

Customers subscribing to PLTS will receive only the following services:

1. Residence Local Exchange Service;
2. If applicable, mandatory services, including extended area service, expanded local calling service, or extended metropolitan service;

Effective: Upon Approval  
By: Scott Martin  
Title: General Manager

PUBLIC UTILITY COMMISSION OF TEXAS  
APPROVED

JUN - 6 '07 DOCKET 34239

CONTROL # \_\_\_\_\_

**REDACTED – FOR PUBLIC INSPECTION**

**COLORADO VALLEY TELEPHONE (SAC 442059)**

**ATTACHMENT - LINE 3017**

**ATTACHMENT REDACTED IN ENTIRETY**